

# 3. Session Report Form

999901

**⚠ Please complete, scan, and return this form to forms@cmecc.ca.**

Class Name: G4-401

Test Administrator Name:

Please complete as shown:

Test Administrator Position: <sub>2</sub> School teacher, but not teacher of the selected class  
<sub>3</sub> Other, please describe \_\_\_\_\_

Type of testing session: <sub>1</sub> Regular <sub>2</sub> Makeup

Session Number: <sub>1</sub> <sub>2</sub> <sub>3</sub> <sub>4</sub> <sub>5</sub>

Date of testing:  DD: Day <sub>4</sub> April <sub>5</sub> May

## Timing of Test and Questionnaire Sessions

START	END	
(a) 8:50 am	(b) 9:10 am	Administrative tasks (e.g., assigning computers to students, preparation of students, instructions)
(a) 9:10 am	(b) 9:46 am	Part 1 of the test
(a) 9:50 am	(b) 10:00 am	Preparation of students for part 2
(a) 10:00 am	(b) 10:36 am	Part 2 of the test
(a) 11:00 am	(b) 11:36 am	Student Questionnaire

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Were there any special circumstances or unusual events during the testing session (e.g., loud noises; students leaving or disturbing the testing session, or attempting to cheat; fire or smoke alarms)?

- No  Yes, please explain

Brief construction noise towards end of part 2.

Number of students affected:

8

Did students indicate that there were any particular problems with the test (e.g., test too difficult or confusing, struggling with any particular task)?

- No  Yes, please explain

Number of students affected:

N/A

Were there any problems with the testing materials (e.g., errors or omissions in the Student Tracking Form, insufficient supply of materials)?

- No  Yes, please explain

Number of students affected:

N/A

Were there any technical problems that prevented data collection from any of the students?

- No  Yes, please explain and provide the student line number

Student (#8) had to switch computers for the student questionnaire, but was able to successfully complete it.

Number of students affected:

1

Did any technical problems, such as speed of the test software or malfunctioning keyboards/mice, occur during the testing that seemed to frustrate students or prevent them from giving their best responses?

- No  Yes, please explain and provide the student line number

Number of students affected:

N/A

Were there any students requiring special accommodations (e.g., students with visual or hearing impairment, dyslexia)?

- No  Yes, please specify the accommodation(s) provided and the student line number

Student (#4) required additional time for part 2.

Number of students affected:

1